

**Department of Public Health
Sexual Assault Nurse Examiner Program**

R E F E R E N C E

Please complete this form for the professional listed below and return within 14 days to:

**SANE Program
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108**

Name of Applicant

This professional has applied for training as a sexual assault nurse examiner. The sexual assault nurse examiner will be expected to independently assess sexual assault victims, collect evidence, and collaboratively work with emergency room department physicians, staff and law enforcement personnel. This evaluation should be based on demonstrated performance compared to that which is reasonably expected of a sexual assault nurse examiner. All information given below will be kept confidential.

Please state how long you have known the applicant and in what capacity you have worked with this applicant:

Please evaluate the applicant on the following criteria by checking the appropriate box:

	Superior	Good	Fair	Poor	N/A
Basic clinical knowledge					
Professional judgment					
Level of responsibility					
Clinical competence					
Ability to work independently					
Cooperativeness, ability to work with others					
Quality of medical records					
Patient judgment					
Patient relationships					
Relationships with other employees					

Recommendation -- Please evaluate the applicant's competency, judgment, clinical and/or technical skill and demonstrated performance:

<input type="checkbox"/>	Recommend without reservation
<input type="checkbox"/>	Recommend with the following reservations:
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<input type="checkbox"/>	Do not recommend

Print Name	
Signature	
Date	